

# Frailty Assessment Tools

*Gérontopôle, Toulouse*

# CRITERIA NEEDED FOR FRAILTY ASSESSMENT TOOLS

- ☑ Valued
- ☑ Reproducibility
- ☑ Specific
- ☑ Sensible to change over time
- ☑ Practical, non-invasive, no costly
- ☑ Accessible for all
- ☑ Predictive of morbidity
- ☑ Adapted for several populations

# Overview of frailty scales

<b>targeted</b>		<b>Multidomain</b>
<b>Self Assessment tools</b>		Strawbridge Frailty Screen
		Sherbrooke Postal Questionnaire
		<b>VES-13</b>
		<b>Groningen Frailty Indicator (GFI)</b>
		Identification of Seniors at Risk
<b>clinical</b>	<b>SPPB</b>	<b>CSHA Clinical Frailty Scale</b>
	Modified Physical Performance test	
	Hand grip strength	
	<b>Gait velocity</b>	
<b>Self and non self assessment tools</b>	<b>Five frailty markers</b>	Edmonton Frail Scale
	MNA	<b>Frailty-Index</b>
	<b>SOF</b>	Hospital Admission Risk Profile (HARP)
	<b>FRAIL</b>	Triage Risk Screening Tool (TRST)

# Frailty in Older Adults: Evidence for a Phenotype

Linda P. Fried *Journal of Gerontology: MEDICAL SCIENCES*  
2001, Vol. 56A, No. 3, M146–M156

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## A. Characteristics of Frailty

Shrinking: Weight loss  
(unintentional)

Sarcopenia (loss  
of muscle mass)

Weakness

Poor endurance; Exhaustion  
Slowness

Low activity

## B. Cardiovascular Health Study Measure\*

Baseline: >10 lbs lost unintentionally in  
prior year

Grip strength: lowest 20% (by gender, body  
mass index)

“Exhaustion” (self-report)

Walking time/15 feet: slowest 20% (by  
gender, height)

Kcals/week: lowest 20%

males: <383 Kcals/week

females: <270 Kcals/week

## C. Presence of Frailty

Positive for frailty phenotype:  $\geq 3$  criteria  
present

Intermediate or prefrail: 1 or 2 criteria  
present

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# Frail Scale

## FRAIL scale

- **F**atigue
- **R**esistance (ability to climb one flight of stairs)
- **A**mbulation (ability to walk one block)
- **I**llnesses (Greater than 5)
- **L**oss of Weight (>5%)

0 = robuste/ 1-2 = pre-frail /  $\geq 3$  = frail

# Gerontopole Frailty Screening Tool

Frailty Screening  
Older patients 65 yrs +, not dependent (ADL  $\geq$  5 /6)

	YES	NO	UNKNOWN
Is your patient living alone ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unvoluntary weight loss in the past 3 months ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigability during the last 3 months ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility difficulties for the last 3 months ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory complaints ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slow gait speed (+ 4s for 4 meters ? )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

⇒ If yes to at least one of these questions:

In your own clinical opinion, do you feel that your patient is frail and at an increased risk for further disabilities ?

NO

YES

If yes , kindly propose to the patient an assessment of the causes of frailty and prevention of disabilities in a day hospital.

# Frail Non-Disabled (FIND) questionnaire

Domain	Questions	Answers	Score
<i>Disability</i>	A. Have you any difficulties at walking 400 meters?	a. No or some difficulties	0
		b. A lot of difficulties or unable	1
	B. Have you any difficulties at climbing up a flight of stairs?	a. No or some difficulties	0
		b. A lot of difficulties or unable	1
<i>Frailty</i>	C. During the last year, have you involuntarily lost more than 4.5 kg?	a. No	0
		b. Yes	1
	D. How often in the last week did you feel than everything you did was an effort or that you could not get going?	a. Rarely or sometimes ( $\leq 2$ times/week)	0
		b. Often or almost always ( $\geq 3$ or more times per week)	1
	E. Which is your level of physical activity?	a. Regular physical activity (at least 2-4 hours per week)	0
b. None or mainly sedentary		1	

If  $A+B \geq 1$ , the individual is considered as "disabled".

If  $A+B=0$  and  $C+D+E \geq 1$ , the individual is considered as "frail".

If  $A+B+C+D+E=0$ , the individual is considered as "robust".